

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1957

Registration District No. 370 Primary Registration District No. 1003 Registrar's No. 6250

157-22447
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital				Length of stay in lb 204/90		d. STREET ADDRESS 6931 Bruno	
3. NAME OF DECEASED (Type or print) First MARY Middle ANN Last DAVIS				4. DATE OF DEATH Month July Day 5 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 17, 1871	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 4 Days 18 Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Sherman, Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Hezekiah Davis				14. MOTHER'S MAIDEN NAME Mary Walker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. S. W. Shapiro, 3817 Gustine	
18. CAUSE OF DEATH [Enter only one cause per line or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Any cardiac failure</i> CONDITIONS, IF ANY, WHICH OPERATED ABOVE (b) <i>Coronary vascular occlusion</i> DUE TO (c) <i>Pat. of hip fracture - 5 weeks approx.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Fell in home</i>			
20c. TIME OF INJURY Hour a. m. p. m. <i>6:10/57</i>				20d. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) <i>46931 Bruno</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION St Louis, Mo			
20g. COUNTY				20h. STATE			
21. I attended the deceased from <i>July 5, 1957</i> and last saw her <i>alive on July '57</i> Death occurred at <i>3:20 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) <i>Harmon R. Roach M.D.</i>				22b. ADDRESS 3720 Washington			
22c. DATE SIGNED 7/5/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 7, 1957		23c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery		23d. LOCATION (City, town, or county) (State) Pittsburg, Illinois	
24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary, 6633 Clayton Rd.				25. DATE RECD. BY LOCAL REG. JUL 5 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or~~ by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 470

P. O. Address H. Law

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.